Bulletin
Rush Medical College
Of Rush University
1973·74

Rush
Presbyterian
St. Luke's
Medical Center

Rush-Presbyterian-St. Luke's Medical Center
1725 West Harrison
Chicago, Illinois 60612
(312) 942-5000

Incorporated 1969
(Rush Medical College Founded 1837)
(St. Luke's Hospital Founded 1864)
(Presbyterian Hospital Founded 1883)
Approved by
The Joint Commission on Accreditation of Hospitals
The American Medical Association for Internship and Residencies for Physicians
The Department of Registration and Education, State of Illinois
The Liaison Committee of the American Medical Association and the Association of American Medical Colleges
Member of
The American Hospital Association
The Illinois Hospital Association
The Chicago Hospital Council
The Blue Cross Plan for Hospital Care
Association of American Medical Colleges
Licensed by
The State of Illinois Department of Public Health

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This bulletin is published for the faculty, students, and prospective students of Rush Medical College. The College reserves the right to make changes in any or all specifications contained herein and to apply such revision to present and new students alike.

Calendar, 1973–74

Phase I

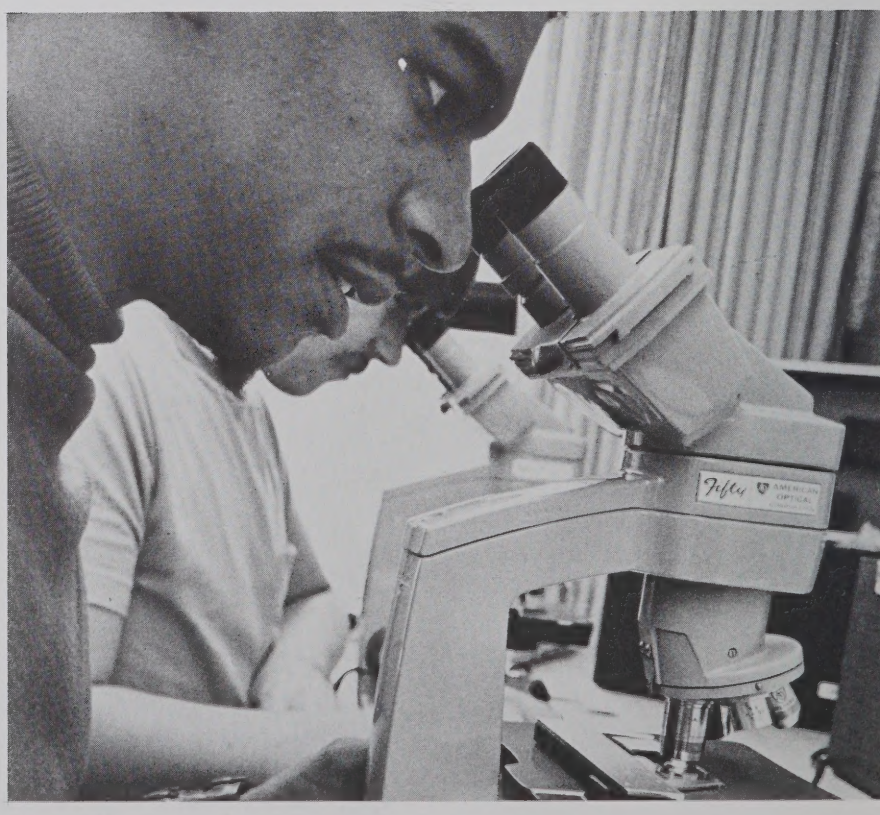
Aug. 6, 1973	Phase I classes begin
Dec. 7, 1973	Classes end
Dec. 10–21, 1973	Reading and examination period
Dec. 22, 1973–Jan. 1, 1974	Winter vacation

Phase II

July 2, 1973	Summer quarter classes begin
Sept. 7, 1973	Classes end
Sept. 10–21, 1973	Reading and examination period
Sept. 22–30, 1973	Fall vacation
Oct. 1, 1973	Fall quarter classes begin
Dec. 7, 1973	Classes end
Dec. 10–21, 1973	Reading and examination period
Dec. 22, 1973–Jan 1, 1974	Winter vacation
Jan. 2, 1974	Winter quarter classes begin
Mar. 8, 1974	Classes end
Mar. 11–22, 1974	Reading and examination period
Mar. 23–31, 1974	Spring vacation
April 1, 1974	Spring quarter classes begin
June 7, 1974	Classes end
June 10–21, 1974	Reading and examination period
June 22–30, 1974	Summer vacation

Phase III

The clerkships begin on the day scheduled for Phase II classes each quarter. Two vacation periods are scheduled:
Dec. 15, 1973–Jan. 1, 1974
June 15–30, 1974



Tentative Calendar, 1974–75

Phase I

Aug. 5, 1974	Phase I classes begin
Dec. 6, 1974	Classes end
Dec. 9–20, 1974	Reading and examination period
Dec. 23, 1974–Jan. 1, 1975	Winter vacation

Phase II

July 1, 1974	Summer quarter classes begin
Sept. 6, 1974	Classes end
Sept. 9–20, 1974	Reading and examination period
Sept. 21–29, 1974	Fall vacation
Sept. 30, 1974	Fall quarter classes begin
Dec. 6, 1974	Classes end
Dec. 9–20, 1974	Reading and examination period
Dec. 23, 1974–Jan. 1, 1975	Winter vacation
Jan. 2, 1975	Winter quarter classes begin
Mar. 7, 1975	Classes end
Mar. 10–21, 1975	Reading and examination period
Mar. 22–30, 1975	Spring vacation
Mar. 31, 1975	Spring quarter classes begin
June 6, 1975	Classes end
June 9–20, 1975	Reading and examination period
June 21–29, 1975	Summer vacation

Phase III

The clerkships begin on the day scheduled for Phase II classes each quarter. Two vacation periods are scheduled:
Dec. 14, 1974–Jan. 1, 1975
June 14–29, 1975

Goals

The educational goal of Rush Medical College is to provide an outstanding learning environment for students who will be physicians of the future. The tradition of the College is to base the learning environment in the health care system. The faculty-staff of Presbyterian-St. Luke's Hospital has developed a continuous, comprehensive care pattern, functioning with a single standard of care for all. This has created a unique environment which has become a major classroom-laboratory of the College. The hospital, its patient floors and laboratories, its affiliated institutions, offices of the faculty-staff, and communities in which patients live are all part of this environment.

At least two components are essential to an educational environment designed to produce more practicing physicians of high quality: (1) programs to improve the quality and efficiency of the delivery of health services in which aspirant physicians can participate and (2) an active basic research program in the sciences to maintain an intellectual atmosphere of discipline and scholarly approach. Learning must continue to be the scholarly approach of inquiry. Rush offers the challenge of inquiry not only into the mechanisms of diseases of organ systems, but also into the distribution and delivery of health care and the often-disordered environment in which patients live. The faculty believes that inquiry into each of these areas must be available to students if they are to become physicians who will continue to study problems encountered during their professional careers.

Rush-Presbyterian-St. Luke's Medical Center is committed to develop a prototype academic health care delivery system. The basic unit is a voluntary medical system which combines all health care and educational functions necessary to serve a population of 1½ million people of broad-based socioeconomic, ethnic, and health status. This health care system has as its core the acute care referral hospital and its two branches. The referral hospital is linked with a network of community hospitals, the Medical College, the College of Nursing and Allied Health Sciences, the Graduate College and its Research

Institute, and special facilities for the aged. Out-patient health facilities include physicians' private offices, a health maintenance organization, and a neighborhood health center.

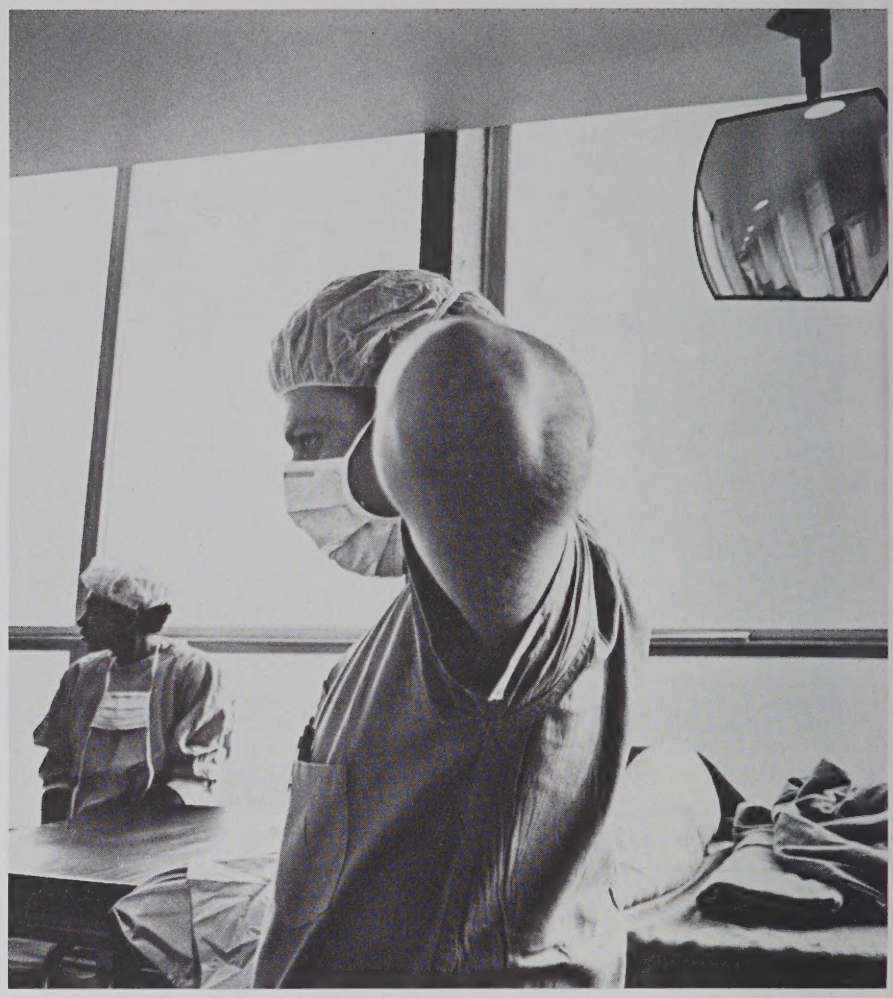
This medical system for the future will not simply be a collection of old institutions joined together, but a system of the necessary personnel, facilities, and programs to provide a single standard of comprehensive health care to a defined population. At the same time, the comprehensiveness of this system eliminates the inefficiencies and inequities of the past while preserving many of the personal relationships which characterize the best patient care. Rush intends to train sufficient health professionals in diverse socioeconomic settings to staff the medical sciences and practice areas in a balanced manner while concurrently maintaining quality.

To achieve quantitative and qualitative balance in the production of health personnel for the system, it is estimated that 120 physicians should be graduated each year—of whom 50 are in primary care (family practice, internal medicine, pediatrics). About 300–500 other health professionals should be graduated annually.

Courses Of Study

The core courses of study for medical students are presented by interdepartmental task forces consisting of members drawn from the various departments of the College. From the time a student enters, the intent is to have an interlocking program in scientific methodologies and experimental approaches, plus an introduction to patients and their problems. Opportunities and facilities for research in the biological and behavioral sciences, clinical sciences, and environmental biology are available in the various departments of the College.

The program depends on the interaction of a student and his Principal Advisor whose primary responsibility is to help the student define his goals, become capable of independent and continuing study, and choose courses of study. The initial task of each Principal



Advisor is to help identify the past achievements, strengths, and weaknesses of the student. This evaluation process continues throughout the educational program and is the basis for modifications of the educational program pursued by the student. The Principal Advisor Program is coordinated by the Office of Curriculum and Evaluation with the advice of the faculty committees on Courses of Study and Student Affairs.

The educational program of Rush is part of a continuum that emerges from an arts, sciences, and humanities experience and continues into years of practice, study, teaching, and inquiry. It is designed with three Phases and may be completed in three or four years.

Phase I has three objectives. (1) Courses in Phase I provide the fundamental concepts and vocabulary on which clinical sciences are based. (2) Courses are presented to develop understanding of medical care delivery, interactions of society influencing health, and man's behavior and his ability to communicate. (3) The student begins to develop professional concepts and clinical skills under the continuing supervision of an individual Clinical Tutor. Each student and his Clinical Tutor maintain this professional relationship through Phase I and Phase II during which the attributes, attitudes, and abilities of a physician are developed by the student. Phase I courses are prerequisite to undertaking Phase II of the Rush Medical College Educational Program.

Phase II integrates basic and clinical sciences to provide an understanding of man in health and disease through a series of courses concerning the organ systems of the body. The quarters of Phase II do not imply a necessary curricular sequence; one or more quarters may be omitted if the material is covered in independent study. Phase II provides basic information necessary to the function of all physicians in a context relevant to the biology of normal and diseased man. This theme is reinforced by the continuing experience of each student with his or her Clinical Tutor throughout Phase II. Continual encounters with human disorders help the student acquire independent study techniques in finding answers to clinical questions. Phase II is divided into instructional units, each comprising an academic quarter.

The task force courses are Reproduction; Growth, Development and Behavior; Endocrine System and Metabolism; Cutaneous System; and courses in the Neurosensory-communicative, Locomotor, Gastrointestinal, Hematopoietic, Excretory, Respiratory, and Cardiovascular systems. The sequence of the quarters of Phase II differs each year. None is prerequisite to another. Time for elective courses is made available in Phase II.

Phase III contains core clinical clerkships and elective experiences. The program recommended for most students consists of clerkships in medicine, surgery, pediatrics, ambulatory care, psychiatry, and obstetrics-gynecology. Tentative or firm career choices may modify the duration and types of clerkships in Phase III. The course of study also contains a variable number of alternative courses designed to supplement the information contained in the core portion of the educational program. The student and his Principal Advisor may devise a curriculum best adapted to the student's career goals. Individualized educational experiences may be generated upon request of the student and his or her Principal Advisor. Details concerning the description, duration, and availability of each course are contained in *Catalog of Courses.*

The educational program of Rush Medical College is designed with flexibility to permit a wide variety of career choices and compatibility with a wide variety of educational experiences pursued prior to matriculation at Rush.

Rush Medical College Courses of Study

Phase I Coordinator, R. U. Seale

Course Number

A 1 Molecular and Cellular Chemistry (Sky-Peck)
A 2 Microbiologic Concepts (Deinhardt)
A 3 Genetics (Frischer)
A 4 Molecular Pharmacology (Carson)

B 1 Regional Anatomy (Seale)
B 2 Human Cytology (Haas)
B 3 Tissue Reactions to Injury I (Eisenstein)
B 4 Tissue Reactions to Injury II (Eisenstein)
B 5 Physiology (Michael)

Phase I & II Professional Concepts and Skills, R. Kark, Coordinator
C 1 Observation and Communication (Cheifetz)
C 2 Health and Society, fall, spring quarters (Kark)
C 3 Clinical Concepts and Skills, all quarters (Clinical Tutors)

Phase II Coordinator, H. Mattenheimer
D 1 Human Reproduction (Misenhimer)
D 2 Growth, Development and Behavior (Ebenhoeh)
D 3 Endocrine and Metabolic Systems (Ryan)
D 4 Neurosensory Communicative System (Cohen)
D 5 Immunologic System (Gewurz)
D 6 Cutaneous System (Malkinson)
D 7 Hematopoietic System (Bachmann)
D 8 Gastrointestinal System (Hardison)
D 9 Locomotor System (Galante)
D 10 Infections (S. Levin)
D 11 Excretory System (Mattenheimer)
D 12 Respiratory System (Hughes)
D 13 Cardiovascular System (Graettinger)
D 14 Therapeutics (Carson)
D 15 Preventive Medicine (Schoenberger)

Phase III Coordinator, P. W. Winter
Core Clerkship in Internal Medicine (Flanagan)
Core Clerkship in Pediatrics (Henikoff)
Core Clerkship in Psychiatry (Nielson)
Core Clerkship in Obstetrics (Misenhimer)
Core Clerkship in General Surgery (Southwick)

Elective advanced clinical, laboratory and research experience are available in all departments by arrangement. These electives are described in the *Catalog of Courses.*

Rush/Knox Phase I

The report, "Education in the Health Fields for the State of Illinois," rendered to the State Board of Higher Education in June, 1968, made a number of recommendations. Among them was a strong recommendation for the development of new and innovative

curricula leading to the degree of Doctor of Medicine. It was recommended that such curricula should lead to a shortening of the total time necessary for the education of the physician and should, when possible, be accomplished by making better use of already existing facilities rather than requiring the creation of new ones. It was suggested that many colleges and universities in the state, which did not have medical curricula, had on their faculties persons well qualified to teach medical students in the biological and behavioral sciences. "Indeed, there are a number of courses which are now found in medical schools which could probably be taught much more efficiently and effectively in the regular university departments." (p. 29)

Representatives of Knox College and Rush Medical College have developed a curriculum for a nine month academic year on the Knox campus for a small group of students who are enrolled in Rush Medical College. The year will provide students with the core information now taught in Phase I on campus at Rush. Some students may wish to take advantage of learning the core of Phase I where they also may take advantage of the unique opportunities in the areas of the arts and letters available on a liberal arts college campus. The initial year of this program has been designed, however, with several groups of students especially in mind:

1) Students who do not have the baccalaureate degree and want to earn credit for the degree as well as being enrolled in Rush Medical College.

2) Students with baccalaureate or advanced degrees but with less than optimum backgrounds in the sciences who may take a full academic year to prepare for Phase II.
3) Students who plan to take a four rather than a three-year program.

The curriculum which has been developed spans a standard academic year, incorporating instruction in cell and organ physiology, anatomy, genetics, microbiology and immunology, biochemistry, pharmacology, behavioral sciences and introductory clinical training. Time is provided for electives in other areas. It is anticipated that certain of the courses may have already been taken by entering Rush students. If an individual has already studied genetics, for example, it is likely that it will be possible to excuse him from that course in the Rush/ Knox program. This will then give him time for elective experiences.

Rush clinical faculty at Galesburg Cottage Hospital (an affiliate in the Rush network) will administer the clinical tutorial, paralleling the clinical experience at the Medical Center and other network hospitals.

The academic year at Knox includes the following:

Fall Quarter:	Biochemistry
	Molecular Genetics
	Communication and Counseling
	Physiology
Winter Quarter:	Pharmacology
	Cell Physiology
	Functional Anatomy
	Microbiology
	Clinical Tutorial
Spring Quarter:	Histology and Ultrastructure
	Seminar in Medical Sociology
	Human Anatomy
	Immunology
	Clinical Tutorial
	Elective

Students participating in the Rush/Knox program ordinarily will be expected to take a minimum of nine quarters at the Medical Center Campus beginning in the fall quarter of the second year, including four quarters of Phase II, four quarters of Phase III and one elective quarter.

Students with strong backgrounds in the sciences, and ordinarily with prior accomplishment and advanced standing in some Phase I material, may be considered for Phase II entrance at the Medical Center for the spring quarter of the first year of the program. If their performance is satisfactory, they may become eligible to receive the M.D. degree after nine consecutive quarters.

Research Activity

An active basic research effort is crucial to the education of health professionals and the maintenance of high standards of care. Although Rush Medical College's educational program was inactivated for 30 years, Presbyterian-St. Luke's Hospital, through its research endowment and the activities of its scientists and professional staff, continued and expanded active and productive research programs during that period. Full time research training programs have been continuous. Other research activity has resulted in publication of approximately 500 original papers a year from 300 projects supported by approximately $4 million.

All investigators have participated in Rush curriculum development. Most incorporate their research experience in teaching and provide elective laboratory and research opportunities for medical students. As part of its development program, the Medical Center is establishing a Research Institute of the Graduate College in which interdisciplinary teams will serve as research centers for specific diseases. Each team will be responsible for planning, organizing, integrating and evaluating all research conducted at the Medical Center related to solving particular health care problems.

Thirty-five graduate students have carried out research for the Ph.D. degree in the laboratories of Presbyterian-St. Luke's Hospital in the past 10 years. The recently announced plans for the Rush Graduate College and the Research Institute reflect the belief of the Rush faculty that a graduate school framework to train Ph.D. scientists and to offer combined M.D.-Ph.D. programs is absolutely essential.

Evaluation

Evaluation at the Medical College serves many purposes and is both internal and external. Intramural evaluation consists of examinations constructed by the faculty that are directly related to the didactic

curriculum. These examinations primarily serve as learning exercises for both students and faculty. In addition to "learning examinations," considerable emphasis is placed on evaluation of the student's performance and attitude by his instructors and tutor. The final result of these evaluations is a pass or fail. At the end of each quarter or clinical period, the student and his Principal Advisor submit a report based on their observations of the curriculum and the academic atmosphere of the College. These reports are reviewed by the Committee on Student Affairs and results are conveyed to the faculty. At the end of each academic period, the Committee on Evaluation and Promotion recommends to the Dean those students eligible for the next phase of study.

Extramural evaluation is used by the Medical College. Completion of Part I and Part II of the examination administered by the National Board of Medical Examiners is required for graduation. Part I may be taken at any time during Phase I or Phase II. Ordinarily, Part I should be taken by the first summer quarter in Phase III and must be taken by the end of the first fall quarter in Phase III. Part II must be completed for the student's graduation. The Principal Advisor usually advises his student to take these examinations as a candidate for certification as a Diplomate by the National Board.

The Rush Tradition

Rush Medical College was chartered by the legislature of the State of Illinois on March 2, 1837, two days before a charter was issued to the City of Chicago. Dr. Daniel Brainard (1812–1866), the founder of the College, arrived in Chicago in 1836 on an Indian pony. Dr. Brainard earned well-merited fame in the West and in Europe as an outstanding surgeon. He also was an investigator whose publications included studies on rattlesnake venom, the treatment of wounds with iodine, and the treatment of non-united fractures. Intimately correlated with Brainard's devotion to the practice of medicine was his enthusiasm for medical education and teaching.

Rush Medical College began its first session of 16 weeks on December 4, 1843, with 22 students enrolled. The first faculty included James Van Zandt Blaney, professor of chemistry (1846–1874), Austin Flint, Sr., professor of medicine (1844–1845), and John Evans, professor of obstetrics (1845–1857) who later founded Northwestern University, and then became territorial governor and Senator from Colorado.

Numerous advances in medicine were pioneered at Rush. James Blaney discovered chloroform here simultaneously with C.H.Y Simpson in England. He also helped organize the Chicago Board of Education and the Chicago and Illinois Medical Societies. Nicholas Senn, a Rush surgeon, performed the first operations on gunshot wounds of the abdomen and perforation of the intestines following trauma. The theory that diseases can be contagious received early support from Graham N. Fitch, professor of obstetrics and women's and children's diseases, who documented instances of transfer of disease through infected clothing. James Nevins Hyde, member of an early Rush faculty, is credited with the first description of the influence of sunlight as a causative factor in skin cancer. The career of James B. Herrick included the first description of sickle-cell anemia, the clinical description of coronary heart disease, and the demonstration of the electrocardiographic pattern of coronary occlusion.

Arthur Dean Bevan, Chairman of the Department of Surgery, was the

Chairman of the Council on Medical Education of the American Medical Association which instigated the study "Medical Education in the United States and Canada" and recruited the required funds from the Carnegie Foundation for the historic report by Abraham Flexner.

Willis J. Potts, a Rush graduate and faculty member, carried out studies in Rush laboratories preliminary to the development of the "blue baby" operation. The husband-and-wife faculty team of George and Gladys Dick developed methods of diagnosis and immunization against scarlet fever while at Rush. Rush Medical College and its faculty were active in building many of Chicago's and the nation's leading medical institutions. In 1839, Dr. Blaney opened the first free dispensary west of the Allegheny Mountains. It became known as the Central Free Dispensary in 1873, and today is the Presbyterian-St. Luke's Health Center.

In 1877, Rush Medical College voted to establish a hospital and to raise $15,000 for the building. Under the direction of Dr. Joseph Priestly Ross the school began construction of the hospital adjacent to the College building. To the first section of Presbyterian Hospital, opened in 1883, were added the David Jones Memorial and the June Murdock section for women and children. At the dedication of the Murdock Memorial in 1912, Dr. James B. Herrick epitomized the elements which then and now have characterized the soul of Rush.

> "The Presbyterian was founded with two high purposes, caring for the sick and aiding in medical education. The hospital that confines itself solely to the treatment of the sick is somewhat dwarfed. To be kept alive and progressive it should have the stimulus of the necessity of instructing young, active wide-awake undergraduates, interns and nurses. This addition to the hospital gives us these facilities; it opens to the staff the opportunity of acquiring more knowledge and it also gives us added facilities for research . . . Unless the spirit of research is in a hospital, unless it pervades the various branches of the medical institution, the educational function of the hospital languishes and the atmosphere becomes stale; things fail to progress and the patients suffer . . . And yet no matter what view we may take the central figure in the hospital is, and should be, the patient . . . Are we treating them as sanely and

as conscientiously as we can? . . . We are to treat the patient as a man."

In its first century, over 10,000 physicians received their training at Rush Medical College and Presbyterian Hospital.

A nominal academic affiliation existed between Rush Medical College and Lake Forest University from 1887 to 1898. In June 1898, Rush affiliated with the University of Chicago (which had been founded in 1891). In 1923, Rush became an integral part of the University of Chicago, separating from the University in 1941, while continuing corporate existence. The Hospital and Dispensary, housed partially in College buildings, formed an affiliation with the adjacent University of Illinois, and the staff continued undergraduate and graduate education in medicine and in the biological sciences as members of its faculty.

In 1958, the St. Luke's Hospital, which had been founded in 1864, was merged with the Presbyterian Hospital and Dispensary into two corporations, the Presbyterian-St. Luke's Hospital and the Presbyterian-St. Luke's Health Center, which became major clinical facilities for the University of Illinois College of Medicine. The Presbyterian Hospital School of Nursing founded in 1903 and the St. Luke's Hospital School of Nursing founded in 1885 also merged and continued training of nurses until 1967.

In October, 1969, a new corporation, the Rush-Presbyterian-St. Luke's Medical Center was formed from Presbyterian-St. Luke's Hospital and Health Center and Rush Medical College. In March, 1971, the members of the professional and scientific staffs of Rush-Presbyterian-St. Luke's Medical Center again became the faculty of Rush Medical College. First year, advanced standing, and third year medical students matriculated in the fall of 1971.

The Rush College of Nursing and Allied Health Sciences and the Rush Graduate College were formed in the fall of 1972. Students begin studies leading to the baccalaureate and masters degrees in nursing in the fall of 1973, and the planning of the research degree programs for the Graduate College is in progress.

In the fall of 1972, the academic components of the Medical Center were designated Rush University. Included in the faculties and student bodies of the University are those of the Colleges on the Medical Center campus, and those at other institutions with educational affiliations with Rush. Affiliated schools include Illinois Institute of Technology and several member schools of the Associated Colleges of the Midwest.

The Medical Center System

The present 14-building complex of the Rush-Presbyterian-St. Luke's Medical Center, located on Chicago's Near West Side, reflects its efforts to meet a significant portion of the growth requirements for health care in the City of Chicago. In this complex are four patient pavilions, three research buildings, a professional office building, three apartment and dormitory facilities, an academic building used for paramedical education, a service facility, and a day school building for children of house officers and students. In addition, the Medical Center operates a neighborhood health center, the Mile Square Health Center, approximately one mile from its central location. Multi-disciplinary laboratories and classroom facilities are located on the upper floors of the Jelke-Southcenter Building. Construction will begin soon on a new $11.3 million facility for the

College. The administrative offices of the Rush Medical College are on the ninth floor of the Professional Building. A student center, study carrels, and the Center for Educational Resources are located in Schweppe-Sprague Hall.

The Hospital

The Presbyterian-St. Luke's Hospital is a voluntary, general hospital with 837 beds and 85 bassinets which serves as a major center for medical care, teaching, and research. Approximately 30,000 patients spend 380,000 patient days each year under treatment and study by a part and full-time faculty-staff of over 400 and a house staff of 220, all of whom are on the faculty of the College. The research areas buttressing the clinical activities include both major clinical and basic science investigation. By tradition, each patient in the hospital participates in the teaching program. The large number of beds assures adequate facilities so that within reasonable limits patients may be admitted regardless of source or comprehensiveness of economic support. Each patient has the concern of not only his attending physician but also a graduate house staff officer and students. The large and active staff composed of both part and full-time faculty members assures at all times the presence of patients ranging from the acutely ill to those with the most complex diagnostic and therapeutic problems. The hospital continues to build on its reputation to meet the constantly changing patterns of medical care, teaching, and research.

The Rush Network

The Medical Center has developed a network of affiliated hospitals in Metropolitan Chicago and outlying communities. The complete network will serve the health needs of an estimated 1½ million persons. Current members of the network are Central DuPage Hospital, Winfield, Illinois (241 beds); Christ Community Hospital, Oak Lawn, Illinois (615 beds); Community Memorial General Hospital, LaGrange, Illinois (276 beds); DeKalb Public Hospital, DeKalb, Illinois (105 beds); Galesburg Cottage Hospital, Galesburg, Illinois (342 beds); Swedish Covenant Hospital, Chicago (236 beds); and West Suburban Hospital, Oak Park, Illinois (386 beds).

Network affiliations serve as a practical base for Rush Medical College students who may elect clinical clerkships both in Presbyterian-St. Luke's Hospital and in any of the affiliated hospitals. Community hospitals have the back-up of a medical center with comprehensive health facilities. Presbyterian-St. Luke's offers computerized laboratory and diagnostic services to the network hospitals as well as facilities for acute referral of patients who require specialized care and advanced equipment for treatment.

Rush faculty appointments of appropriate rank and category are offered to the community hospital staffs. Furthermore, all patients under the care of a network hospital (both inpatients and outpatients) are eligible to receive the benefits of, and be available for inclusion in, the teaching program.

The system thus will expose medical students, interns and residents to varying types of practices in communities of differing socio-economic and ethnic backgrounds. This will provide medical students and house staff with training and experience encompassing a spectrum of health and disease, incorporating health education, prevention, early detection of disease, management and treatment of acute and chronic illnesses, follow-up care, and rehabilitation.

The system also provides a program of continuing education for students, house staff and attending physicians that helps reduce the

time gap between advances in medical knowledge and their application in community hospitals, ambulatory facilities and physicians' offices. The program utilizes practical audio-visual and electronic devices in its implementation. Finally, the system encourages physicians to locate in the network of community hospitals according to the needs of the population.

Rush Medical Library

The Rush Medical College Library, the oldest medical library in the City of Chicago, is located in the Rawson Building and is administered by a staff of professional medical librarians. It acquires and organizes collections of literature in the health sciences, offers library orientation to readers, searches for requested information, borrows documents from other libraries, and processes MEDLARS and MEDLINE requests for patrons.

The library has approximately 62,000 volumes, and subscribes to 750 periodical titles. Current monographs and reference books are acquired at the rate of over 2,000 annually. The library also has an outstanding collection of rare medical books that is open 78 hours a week for research and study.

A booklist with new acquisitions is published monthly and distributed throughout the institution.

The library is a member of the Midwest Regional Medical Library, a network of regional medical libraries operating under the auspices of

the National Library of Medicine.

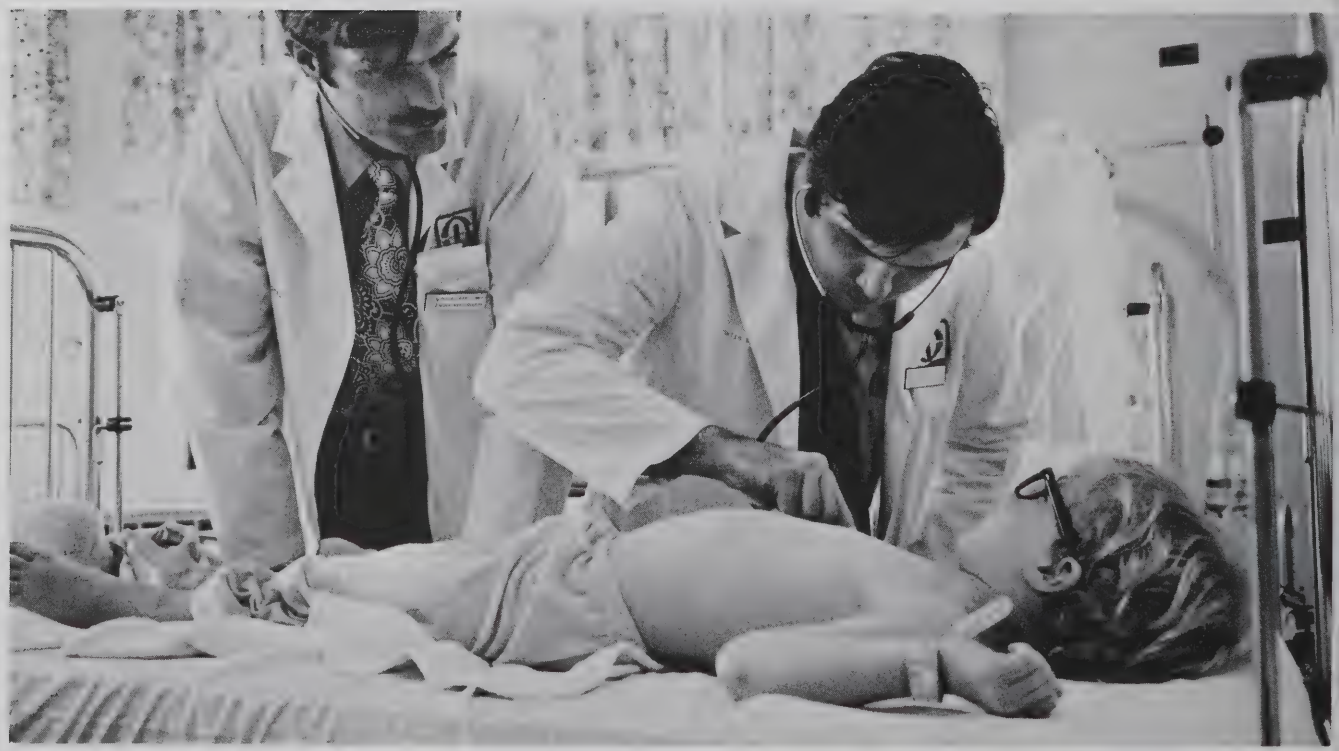
A considerably expanded Rush Medical College Library will be housed in the new academic building. Modern facilities are planned for the new library with study and conference rooms interconnecting with a multidisciplinary laboratory and carrel areas.

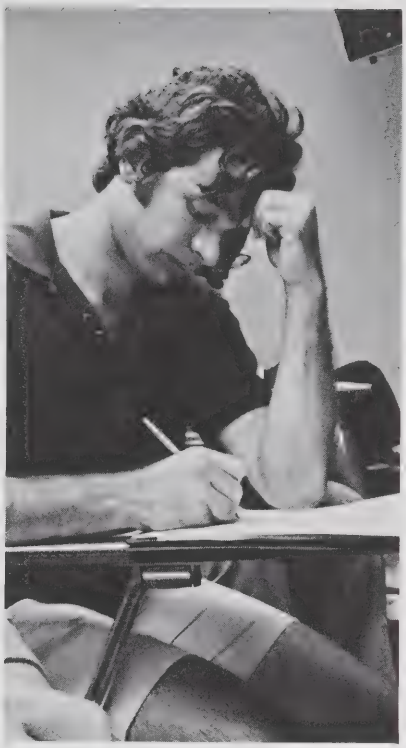
Professional Building
A number of volunteer faculty-staff physicians have offices in the professional office building on the campus. Students may take assignments with these faculty members to learn patient care in a continuous, primary care system involving both the office and hospital.

The Medical Center Development Program
Rush-Presbyterian-St. Luke's Medical Center has embarked on a $91 million program to create the facilities for a comprehensive and balanced health care system.

Construction plans for the health delivery system involve sites at the Medical Center and in two suburban communities. At the Medical Center, a new $11.3 million academic building for the Rush Medical College program is expected to be completed by 1976. It will be joined to a facility being planned for the College of Nursing and Allied Health Sciences. The Johnston R. Bowman Health Park, which should also be completed by 1976, will offer extended and rehabilitative care for the aged as well as 200 residential units. Presbyterian-St. Luke's Hospital is planning a new patient care facility to provide nearly 200 replacement beds for those currently housed in outmoded structures at the Medical Center. Rush-Presbyterian-St. Luke's Medical Center will build 200-bed branch hospitals in the far-south community of Park Forest South and the far-north community of Schaumberg.

Transportation to and from the Medical Center will be made easier through the acquisition of a Chicago Transit Authority elevated train station within the building complex. In addition, a new 1,500-car parking garage recently has been completed and is available to faculty, students, employees, and visitors.





Health Services

Health services are administrated by ANCHOR, a health maintenance organization (HMO). Oriented toward illness prevention, it provides ambulatory care designed to reduce hospital utilization. The prepaid plan combines medical services of a group of faculty members with Blue Cross hospitalization insurance. Services include outpatient diagnostic and laboratory tests, physician examinations, short-term physical therapy and psychiatric care, and prenatal and postnatal care.

All students are enrolled in ANCHOR. Their spouses and children may also be enrolled. ANCHOR membership also provides the developing physician with an opportunity to observe in one of the newer forms of health care delivery.

Housing and Parking

Limited space is available for students in Rush-owned residential facilities. Most students live off-campus and commute to the College by automobile or convenient public transportation. Parking on campus is available on a daily or monthly fee basis.

The Office of Student Affairs attempts to help students locate off-campus housing through its housing bureau and Director of Student Housing. On-campus housing assignments are made by the Student Housing Subcommittee of the Committee on Student Affairs.

Requirements for Graduation*

1. A minimum of 11 quarters and a maximum of 16 quarters are available for the student to attain the level of achievement required by the faculty for the degree of Doctor of Medicine.

2. Credit toward the M.D. degree may be granted to a student by the

*Additional experience beyond those required by the faculty may be audited without credit or tuition as approved by the Course Director and Office of the Dean.

Office of the Dean for appropriate course work accomplished prior to matriculation.

3. Each student's progress in each Phase will be evaluated by the Committee on Evaluation and Promotion and additional quarters may be required in any Phase.

4. For students entering at Phase III of the program from other medical schools, a minimum of six quarters is required. The Committee on Evaluation and Promotion may recommend additional quarters.

5. Completion of Parts I and II of the examination offered by the National Board of Medical Examiners is required.

Governance

The Rules for Governance of the Faculty and Students of Rush-Presbyterian-St. Luke's Medical Center were adopted by the faculty in 1971. Two students are elected by the student body in October of each year to serve on the 21-member Faculty Council. In the same election two students are elected to the 20-member Committee on Committees, which nominates members for the standing committees of Rush. Students also are eligible to be elected as voting members on the standing committees as recommended by the Committee on Committees. All committees currently have student members. The Standing Committees are:

Committee on Academic Freedom/COAF
Committee on Courses of Study/COCOS
Committee on Evaluation and Promotion/COEP
Committee on Educational Resources/COER
Committee on Library/COL
Committee on Research/COR
Committee on Student Affairs/COSA
Committee on Student Discipline/COSD
Committee on Senior Faculty Appointments and Promotions/COSFAP

Admissions

The applicant should anticipate completing no less than three academic years at the undergraduate level. A baccalaureate degree or eligibility for the degree after one year at the medical school is preferable. The undergraduate major need not be restricted to the biological or physical sciences. Preparation in the sciences should include as a minimum one year sequences in inorganic chemistry, organic chemistry, and physics. At least one year of coursework in the biological sciences (with emphasis on zoology) is required. Mathematics, social sciences and English are recommended. While no specific "premedical" courses are required, pursuit of advanced study in the social, physical, or biological sciences is expected. Courses that duplicate those in the medical curriculum are discouraged unless they are taken with the intent to *replace* those in Phase I or II of the medical curriculum. Students who feel that they have adequate basic knowledge of one or more of the following—genetics, human anatomy, histology, human neuroanatomy, human physiology, biochemistry, or microbiology—may, after evaluation by the Rush course director, be given credit for the subject(s).

No priority in admission is given to science majors. A major in

another area with the demonstration of excellence in the required science courses is considered appropriate to a medical education at Rush. The Medical College Admission Test (MCAT) is required and must be completed by October of the year prior to admission.

The Committee on Admissions considers essential a mature approach to one's education, strong personal integrity, and motivation towards medicine. Realization of undergraduate goals and demonstrated ability to achieve in science areas are of primary importance. The candidate's ability to finance his medical education is not considered in the admission process.

Accepted applicants may elect a continuous three year program or a four year program.

Notes to Applicants

Requests for Applications
Application for entrance into Phase I and Phase II at Rush Medical College must be initiated through the American Medical College Application Service (AMCAS). When application material is requested

from Rush, the applicant is sent the AMCAS Application Request Card, which must be completed and sent to AMCAS, who then forwards the application. When the completed application is returned to AMCAS, it is duplicated and sent to the schools to which the individual is applying. AMCAS notifies the applicant when the material has been forwarded.

Deadline for Application
Applications must be in the hands of AMCAS by December 15. The Committee on Admissions is unable to consider applications received by AMCAS after this date.

Early Decision Plan
Rush Medical College offers an optional Early Decision Plan (EDP) for admissions. EDP is a procedure by which an applicant may request and receive a decision from the medical school of his first choice by October 1 before seeking acceptance elsewhere. The Committee on Admissions at Rush fills no more than 20 percent of available places in the entering class with EDP candidates. Hence, applicants who do not wish to participate in EDP have ample opportunity to be considered in regular competition for the majority of places. *In order to be considered in EDP the applicant must have completed the MCAT prior to the EDP application deadline.*

If Rush is the applicant's first choice, he or she may participate in the Early Decision Plan under the following conditions:

1. The applicant identifies himself to AMCAS as an Early Decision Applicant when he submits his application.
2. The completed application must be received by Rush by September 1. The completed application consists of the following:
   A. The AMCAS application.
   B. The Supplemental Application. This material is sent only after the AMCAS application has been received.
   C. Letters of recommendation from appropriate faculty.
   D. MCAT scores.

The Committee on Admissions considers all EDP applicants and reaches one of the following decisions by October 1:

1. *Accepted.* The applicant has a place in the next entering class and need not expend the time, cost, and effort of applying to other medical schools.
2. *Deferred decision.* No final decision is made on the application, but it will be further considered in regular competition for the remaining places. The applicant therefore retains a chance for acceptance by Rush, but should broaden and intensify his or her efforts for admission to other schools.
3. *Not accepted.* The applicant should concentrate all efforts on other medical schools.

Reapplication
Rush will reactivate a previous application, with the exception of the AMCAS application *per se,* upon written request. For conformity of records for AMCAS and for Rush the applicant must file a new application with AMCAS by December 15. Additional information may be requested.

The Committee on Admissions
The Committee on Admissions consists of faculty members and students of Rush Medical College. When an application arrives at Rush, it is assigned to a member or members of the Committee for

review. The Committee members keep up to date on the completeness of the application and initiate Committee actions regarding it. Names of Committee members are not published and members do not meet with applicants except at the request of the full Committee.

Preliminary Review
When Rush receives an application, the applicant is sent a note that it has arrived. At this point, a preliminary review is conducted. If the applicant's credentials indicate that he or she is in the lower portion of the applicant pool and that acceptance is unlikely, he or she will be so notified. If there is a reasonable possibility of acceptance, the applicant is sent the Supplemental Application and is asked to complete the application process.

Supplemental Application
The Supplemental Application asks for three additional items: completion of the Applicant's Information Sheet including a 2 × 2 inch passport-style photograph, payment of a nonrefundable application fee, and submission of letters of recommendation. All supplemental Application material must be received by Rush no later than February 15.

The Applicant's Information Sheet requests more personal data, an insight into the applicant's likes and dislikes, strengths and weaknesses, etc. Applicants are welcome to expand upon the format in any way they think is helpful to the Committee on Admissions in evaluating their candidacy.

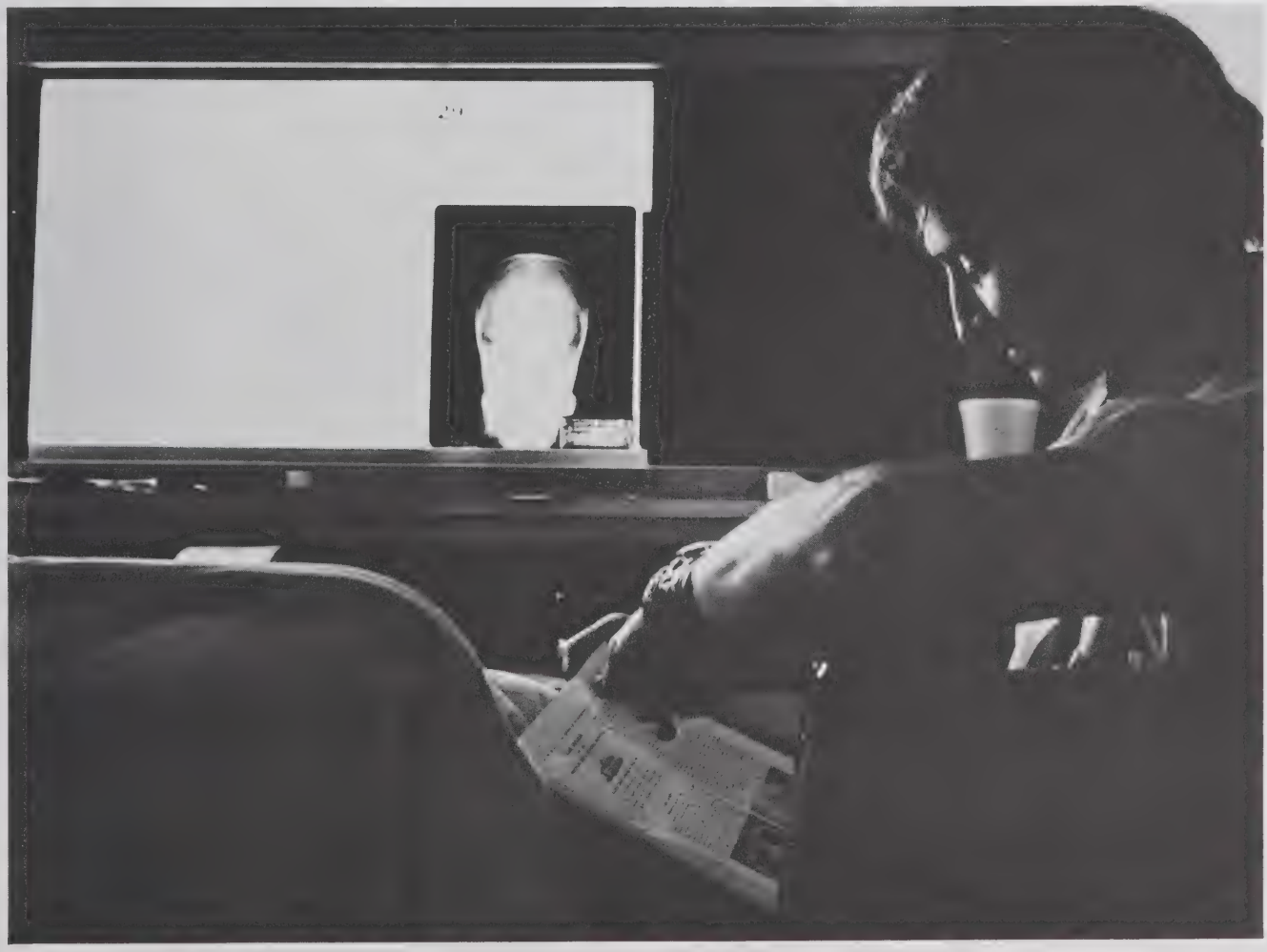
The application fee is nonrefundable and helps defray the cost of processing. Be certain that name, address, and social security number are clearly written on the check. The Medical College will only honor checks written on American banks.

Fee waivers are automatically granted to applicants whose fees are waived by AMCAS. Rarely, a fee may be waived by Rush when AMCAS does not approve waivers. Please do not send fees until you are asked to do so.

Communication with the College
Send all correspondence on standard 8½ × 11 inch stationery. Even a small amount of normal handling will shred onion-skin, and 3 × 5 in. cards have a unique capability for getting lost. It is extremely difficult to keep applicants up-to-date on the status of their applications, i.e., what material has been received and what is missing. We suggest that with each communication the applicant should enclose a self-addressed postcard with a brief description of what has been sent; for example, return your Applicant's Information Sheet and fee with a postcard that says "Information Sheet/Fee/Rush Medical College," etc. When you ask a professor to send letters of recommendation you might give him two postcards, one to send to you when he sends the letter to us, and one to enclose with the letter which we will send to you when the letter arrives.

Your application will not be reviewed by the full Committee on Admissions until all items are received. While the College makes an effort to keep the applicant posted from time to time, it is the applicant's responsibility to determine that the application is complete.

Return or Release of Credentials
All application materials become the property of Rush Medical



College and because of their confidential nature cannot be returned or released.

Visits to the College
Applicants are welcome to visit the College. The Office of Admissions appreciates advance notice of such visits to avoid conflict with student's schedules. We suggest that applicants talk with students at the medical colleges to which they apply.

Interviews
After a completed application is reviewed by the Committee on Admissions, the applicant may be asked to come to the College for interviews. *Interviews for the purpose of evaluation are conducted only upon the request of the Committee.* At the time of the interview, applicants also have the opportunity to talk with students and view the facilities. The College tries to arrange a time that most conveniently fits the applicant's schedule. Unfortunately, the College is unable to schedule weekend interviews.

If a candidate cannot come to Rush, the Office of Admissions will attempt to schedule a regional interview. Applicants are urged to come to the College for interviews if at all possible.

Decisions
A primary concern of the Committee on Admissions is to allow each candidate the most equitable consideration possible. For this reason, the Committee cannot adhere to arbitrary time schedules, but informs applicants of its decisions as soon as possible.

The first offers of acceptance into the entering first year class are not made until mid-December (except for Early Decision Plan candidates) when nearly all application material has been accumulated.

Candidacies are terminated as early in the year as practical to allow applicants time to make alternate plans.

Alternate Status
A non-ranked alternate pool is constructed as the entering class nears completion. Alternates are notified that they may be accepted by Rush if spaces in the class become available. The order of acceptance is not determined beyond the first few choices, and candidates in these top positions are notified. No guarantee of acceptance can be given to alternates because the availability of positions depends upon the attrition rate among accepted candidates.

Application Irregularities
Irregularities in application material submitted to Rush Medical College are reported to the American Medical College Application Service and the Association of American Medical Colleges in accordance with their policies.

Evaluation for Advanced Standing in Phase II
Accepted applicants who have completed the equivalent of the course material offered in Phase I may request evaluation by the faculty for entrance into Phase II. The application procedure is identical to that for entrance into Phase I.

Application for Advanced Standing into Phase III
Four categories of applicants for transfer into Phase III may be considered by the Committee on Admissions:
1. Candidates from two-year medical schools.

2. Students who have completed two or more years at other American schools of medicine. Such applicants are considered only on receipt of a written appraisal from the dean of the student's school.

3. American citizens studying at foreign medical schools may apply for transfer into Phase III via COTRANS (Coordinated Transfer Application System, a program of the Association of American Medical Colleges). Successful completion of Part I of the examination offered by the National Board of Medical Examiners is prerequisite to consideration of a COTRANS applicant by the Committee on Admissions. Interviews are requested by the Committee after National Board scores are made available. For further information about COTRANS, the student should contact:

COTRANS, Suite 200
Association of American Medical Colleges
One Dupont Circle
Washington, D. C. 20036

4. Rush Medical College recognizes that certain other students (usually with Ph.D. or D.D.S. degrees) may have achieved the equivalent or near equivalent of the educational objectives of Phases I and II. The Committee on Admissions considers applications of students who have successfully completed Part I of the National Board Examination. In order for a student to take this examination, he or she must be sponsored by a member school of the Association of American Medical Colleges. The applicant should request such sponsorship from the school before April 1 to ensure registration for the June examination.

Applicants for transfer into Phase III *should not apply via* AMCAS. The applicant should request an Application for Advanced Standing into Phase III from:

Office of Admissions
Rush Medical College
1725 West Harrison Street
Chicago, Illinois 60612

The applicant for entrance into Phase III must present the following credentials:

1. The formal Application for Admission with Advanced Standing and the applicant's information sheet.
2. The application fee, which must accompany the formal application. Checks drawn on foreign banks cannot be honored. Checks should be identified with the applicant's name.
3. An official transcript of the candidate's record from each institution attended after graduation from high school, including the medical school transcript and a listing of courses in progress.
4. The candidate's score on the Medical College Admission Test (MCAT). It is the applicant's responsibility to request that these scores be forwarded to Rush Medical College.
5. Appropriate letters of recommendation. Students attending foreign schools of medicine should request that evaluations be forwarded by the pre-medical committees of their undergraduate institutions as well as appropriate appraisals of graduate performance. Students at American schools should request an appraisal from the dean and at least one other faculty member.

All candidates for entrance or transfer into Phase III must register to take Part I of the National Board Examination offered in June of the year of transfer. Registration usually closes two months prior to the examination. Information regarding this examination may be obtained by writing:

National Board of Medical Examiners
3930 Chestnut Street
Philadelphia, Pennsylvania 19104

Applicants who have previously passed the examination may not be required to repeat it.

Registration

All students who have enrolled in at least one of the two preceding quarters must register for the following quarter during the days announced on bulletin boards. Students entering Rush for the first time or after an absence of more than two quarters should register at the direction of the Registrar in the Office of Student and Faculty Affairs.

All changes in registration must be made in writing and officially noted in the Office of the Registrar.

Certification by the Bursar of compliance with the regulations regarding tuition and fees is prerequisite to a student's receiving course credit.

Expenses Per Quarter, 1973–74

Tuition and Fees* $910.00

Students should note that tuition and fees are to be paid, or satisfactory arrangements for payment made with the Bursar, within the period officially scheduled for registration each quarter, or, in the

case of registration after the period scheduled, no later than the day following registration. For failure to observe this regulation, the student will be required to pay an additional $15.00 late fee within the 30 days following the end of the registration period. Failure to make satisfactory financial arrangements within this 30-day period will result in cancellation of the student's registration for the quarter. A $25.00 commencement fee is charged the quarter of graduation. Tuition and fees may be modified without advanced notice as deemed necessary by the Board of Trustees.

A capitation grant to Rush Medical College for residents of Illinois has been made by the Board of Higher Education. Depending on the level of funding of this grant, a tuition abatement grant of up to $450.00 per quarter at full funding will be made to students who are Illinois residents. The criteria required for Illinois residency are available on request from the Office of Student and Faculty Affairs.

Estimated other Expenses

	Single	Couple	Couple and Child	Couple and Children
Additional Health Fee*	$ 21	87	111	111
Books, supplies	105	105	105	105
Housing	450	525	600	600
Food	225	330	390	420
Transportation	90	180	180	180
Personal	120	210	255	300
	$1011	1437	1641	1716
Estimated total expenses per quarter	$1921	2347	2551	2626

Microscope
Each student is responsible for procuring a microscope for use during Phases I and II. A microscope may be rented for a fee of $15 per quarter.

* All students are required to be enrolled in ANCHOR, and the fee is included in tuition and fees except when the spouse of a

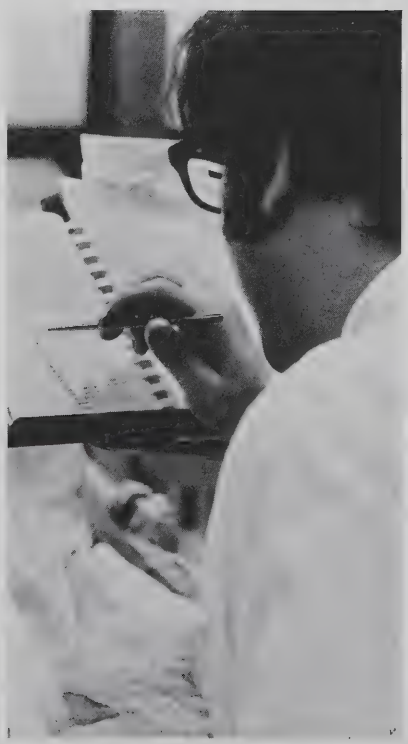
student is a Medical Center employee. Each single student must be covered by a comprehensive Blue Cross policy or its equivalent as determined by the Bursar, and may be enrolled under the Medical Center's policy for an additional fee of $21 per quarter. Each married student and spouse (and children) must be covered by a comprehensive family Blue Cross policy or its equivalent as determined by the Bursar, and may be enrolled under the Medical Center's policy and also in ANCHOR upon payment of appropriate additional fees. The Blue Cross or equivalent coverage for married students must be continuous from the date of initial matriculation to graduation from Rush.

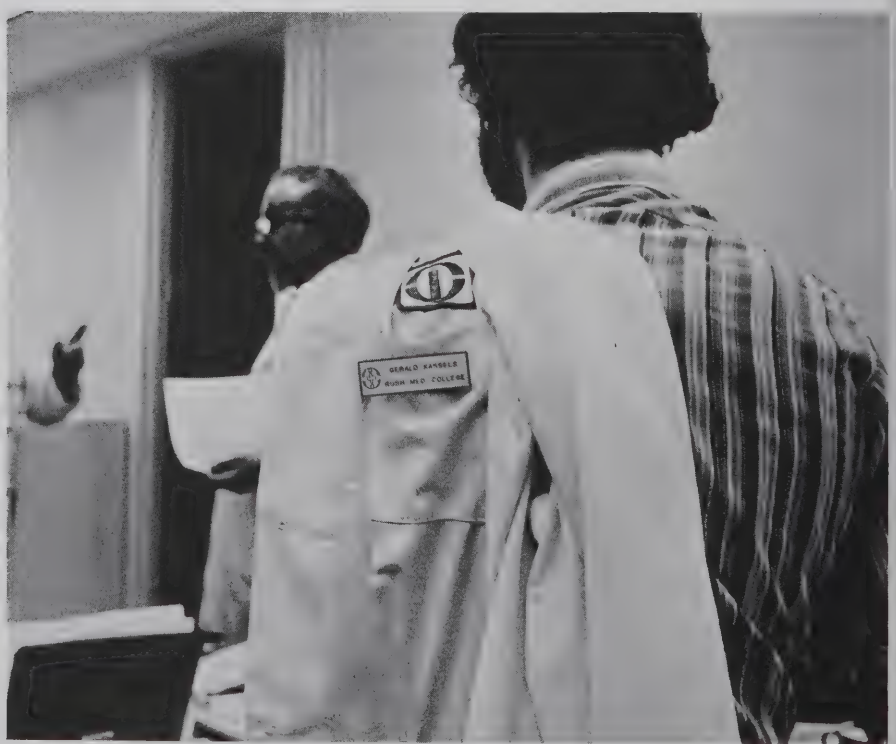
Financial Aid

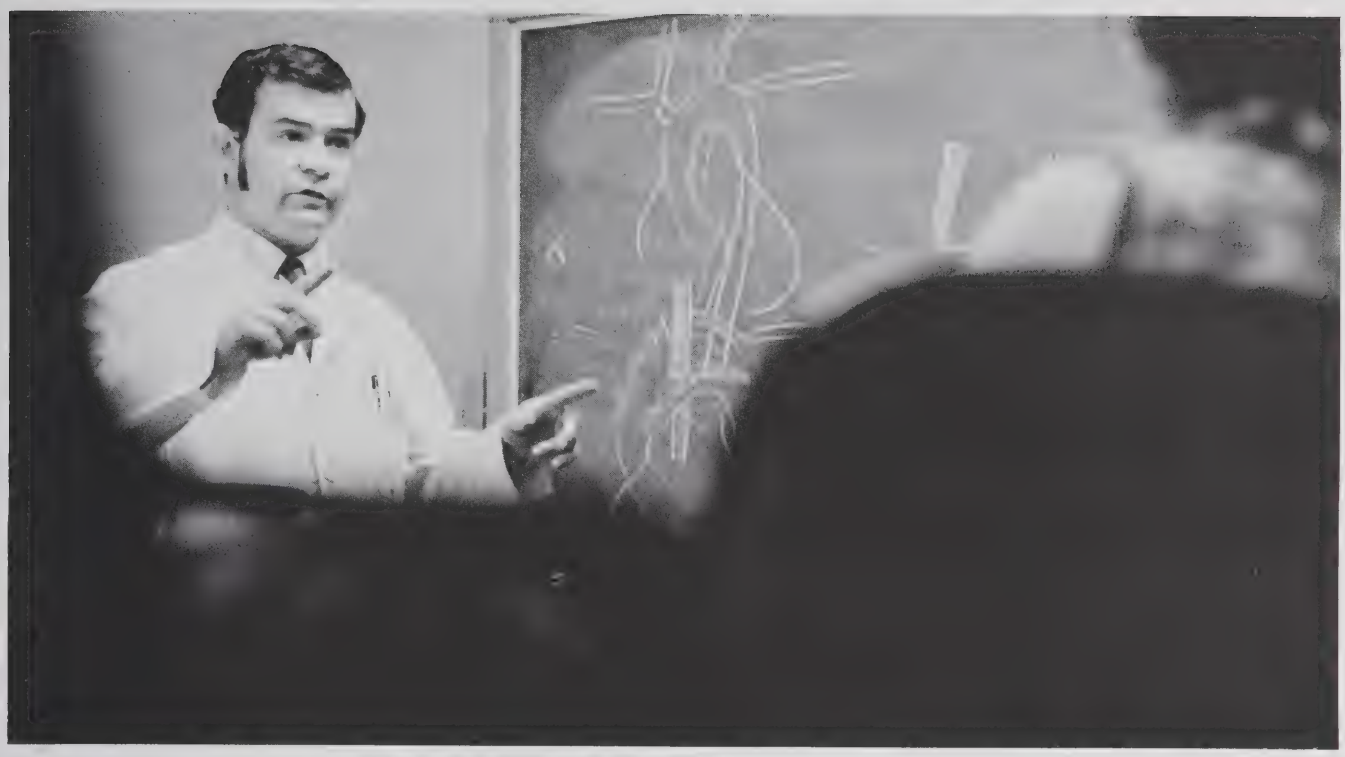
Policies

The Director of Student Financial Aid of Rush University helps students who require financial assistance by a combination of scholarships, grants, loans and Medical Center jobs. Financial aid is awarded on the basis of need as assessed by analysis of each student's financial requirements by the Educational Testing Service, Princeton, New Jersey and the Director of Student Financial Aid. All students requesting aid from Rush and/or requesting the Director of Student Financial Aid to certify expenses to outside agencies must submit a financial statement form to the Graduate and Professional School Financial Aid Service (GAPSFAS), Box 2614, Princeton, New Jersey 08540. The form should be requested from the Director of Financial Aid of Rush University and submitted ordinarily no later than March 15. The GAPSFAS code number for Rush Medical College, 1675, must be included on the application.

A student's anticipated expenses, supplied by Rush Medical College to GAPSFAS for the assessment of need, are regarded as minimal-but-adequate based on Rush students' experiences. Expenses are based on quarters in attendance, Phase, marital status and number of children. While each application will be studied carefully for expenses above these minima, those expenses which reflect more than usually expensive life-styles with respect to housing, automobiles, clothing and recreation ordinarily are not considered.







The following criteria must be fulfilled in order to be considered for classification as an independent or emancipated, self-supporting student: The student ordinarily must have attained the age of 23 prior to the quarter for which aid is sought or must submit a notarized statement that he or she has not been claimed as a dependent for income tax purposes by anyone except a spouse for the 12 months of the calendar year preceding and will not be for the year in which aid is sought and has not lived with a parent or guardian without payment of room and board during the academic year preceding the year for which aid is sought. For *all* other students, Part III of the GAPSFAS application entitled "Parents' Questionnaire" *must* be completed since Rush expects a parental contribution or family loan when possible to *all* full time students at least until age 23.

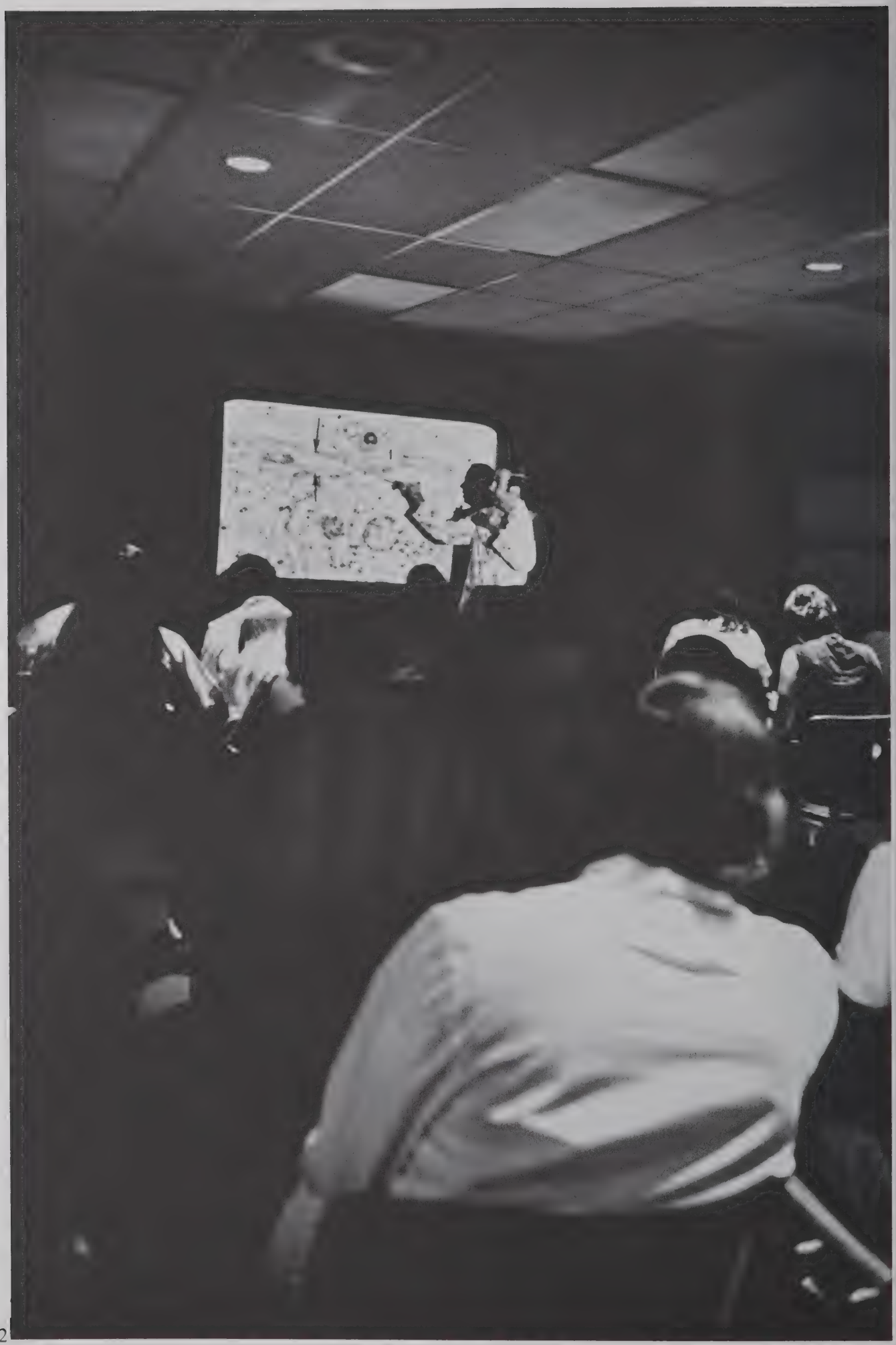
Educational expenses for the spouse of a Rush student ordinarily will not be granted and in no instance until the financial needs of all Rush students have been met.

Since graduating medical students are assured the opportunity of beginning immediately in graduate medical education with a first year income of approximately $10,000, student aid will be predominately in the form of loans. Non-refundable aid (scholarships, grants) is awarded preferentially to those students with greater actual and projected educational debt at the time of graduation.

Sources
The following sources of financial aid are available to students:

Carl O. Almquist Student Loan Fund (1971)
The Carl O. Almquist Student Loan Fund was established in memory of Dr. Almquist, a graduate of the Rush Medical College class of 1926. The fund is to be made available to students from northwest Indiana. Students are required to repay loans following graduation at a low rate of interest.

Alexander Brunschwig Memorial Scholarship Fund (1971)
This fund was established by the family, friends and patients of Alexander Brunschwig, a graduate of the Rush class of 1927. Dr.



Brunschwig earned an international reputation for his pioneer work in the radical surgical treatment of pelvic cancer. During his lifetime he received many awards for his work and was chief of gynecology at New York City's Memorial Hospital for the Treatment of Cancer and Allied Diseases at the time of his death in 1969.

Faculty Wives Scholarships (1971)
Funds for student scholarships have been established by a generous contribution from the wives of the faculty. These scholarships will be awarded on the basis of promise and need.

Clark W. Finnerud Scholarship (1971)
A scholarship fund established by Clark W. Finnerud, M.D., and his friends and grateful patients. Dr. Finnerud was a graduate of the Rush Medical College Class of 1918. He is a distinguished dermatologist and educator. He authored five books on dermatologic diseases and many articles for medical journals. Dr. Finnerud was a member of the Rush faculty from 1924 to 1942.

John and Lawrence Jacques Loan Fund (1972)
Both John Jacques, who fled Russia in the 1890's, and his son, Lawrence Jacques, who was born in Chicago, were graduates of Rush Medical College. John received his degree in 1896 and Lawrence in 1923. Father and son became outstanding Chicago physicians and teachers. Lawrence Jacques formed one of the first pre-paid group practices in medicine. He was particularly interested in the delivery of health care to large populations. He was also a talented musician and artist. This fund was established by the family and patients of Lawrence Jacques. Loans must be repaid within five years after graduation. No interest is charged, but a compensatory gift should be made to the Fund.

Robert Wood Johnson Foundation Student-Aid Program (1972)
The Foundation's program is designed to respond to the need for improving access to physician services in rural areas and inner city poverty areas by encouraging increased enrollment of women, students raised in rural communities and students from minority ethnic backgrounds. The funds are expended by Rush in the form of scholarships or loans to students in the above categories with financial need.

Laurel E. Keith Scholarship (1972)
This fund has been established by Dr. Laurel E. Keith, Associate Attending Pediatrician, Presbyterian-St. Luke's Hospital and Associate Professor of Pediatrics, Rush Medical College. The fund is available to a student in need without regard to race, religion or place of residence, and who, by the usual criteria, has performed most outstandingly in the Department of Pediatrics.

Dr. David Monash Student Fund (1972)
Loans or grants are available to students with need from this fund which has been established to honor the career of Dr. David Monash, a Chicago obstetrician.

Gene Carpenter Petry Student Loan Fund (1971)
The loan fund was established in memory of Gene Carpenter Petry through the kindness of Dr. Milton Weinberg, Jr., Senior Attending Surgeon, Presbyterian-St. Luke's Hospital, and Associate Professor of Surgery, Rush Medical College and by the friends and family of Mrs. Petry in appreciation of the care she received at the Hospital.

Rush Medical College Student-Aid Fund
Scholarship and student loan funds are available for students on the

basis of need. These funds have been received in the form of private gifts to Rush Medical College. Among the major donors to the fund have been Mr. and Mrs. John Krehbiel, the Smail Family Foundation and the Inland Steel-Ryerson Foundation.

Simon M. Shubitz Student Loan Fund (1972)
Established by Simon M. Shubitz, B.S., M.D. who graduated from William and Mary College in 1930 Phi Beta Kappa and from Rush Medical College in 1936. He is a distinguished physician of Los Angeles, California, Fellow, American Academy of Family Physicians, American College of Cardiology, Founding Fellow of the American Geriatrics Society and member of numerous professional organizations. Dr. Shubitz is a self-made man who supported himself since age 13 and worked his way through high school, college and medical school. He was awarded the Selective Service Medal by the United States Congress for medical services patriotically rendered during World War II. He practiced internal medicine and cardiology for over 30 years in Los Angeles and is a staff member of several hospitals. These loans are granted annually, without interest, to Rush medical students in good academic standing and in need of financial aid. Loans must be repaid within five years after graduation. In lieu of interest, each loan beneficiary is requested to contribute to the principal of this Loan Fund, to benefit future students.

Other Sources:
Marcus and Theresa Levie Educational Fund
Funds may be made available to Jewish men and women, legally

resident in Cook County, Illinois whose financial need cannot be defrayed by other means of subsidization. Applications can be obtained from the Jewish Vocational Service, One South Franklin Street, Chicago, 60606.

National Medical Fellowships
Students from minority groups currently under-represented in the medical profession, specifically, American Blacks, Mexican Americans, Puerto Ricans and American Indians, who have been accepted by an accredited U.S. medical school for study leading to the M.D. degree are eligible to apply. Applicants must be citizens of the U.S. or have made application for U.S. citizenship and must demonstrate financial need. Applications are available from the Office of Financial Aid.

Health Professions Loan and Scholarship Programs
Federal funds for scholarships and loans are awarded by the Director of Financial Aid on the basis of need. An institutional contribution is added to the federal capital contribution for the loan funds.

Illinois State Scholarship Program
Awards are made by the Illinois State Scholarship Commission to students who have been selected as State Scholars on the basis of academic achievement and financial need. Only students who have not completed the requisite academic hours for a baccalaureate degree are eligible. Applications may be obtained from the Director of Financial Aid.

Illinois Guaranteed Loan Program
The Illinois Guaranteed Loan Program guarantees student loans made by commercial lenders. The Federal government will pay the interest on the loans if the University certifies the need for the loan. Students should apply directly to a lending institution. Applications may be obtained from the Office of Financial Aid.

The Alumni Association

The Alumni Association is an active organization dedicated to supporting the educational goals of Rush Medical College. Purposes of the organization are: 1) to maintain communications between alumni and the College, 2) to honor alumni who have given distinguished service to the profession of medicine, 3) to promote and encourage the highest standards of medical education, 4) to assist the faculty and staff of the College in any way possible, and 5) to provide financial support for the operation of Rush Medical College.

Prior to its reactivation in 1971, Rush Medical College conferred 10,976 M.D. degrees. The alumni and trustees of the College were responsible for keeping alive the original charter granted by the State of Illinois in 1837. The alumni also maintained the Rush Medical Library and made financial grants for postgraduate education during the College's inactive period. Rush alumni are practicing in all of the fifty United States and in eleven foreign countries.

Membership in the Alumni Association also is open to members of the Rush faculty and physicians who have completed internship or residency programs at Rush-Presbyterian-St. Luke's Medical Center.

Students, 1971

The 1971 entering class at Rush reflected the institution's educational

philosophy of recognition of individual strengths important to a career of science and service. The 66 students matriculated from 42 colleges and universities in 19 states. Undergraduate majors included biology (36), chemistry (8), pre-professional (4), psychology (4), philosophy (3), English (2), political science (2), chemical engineering (1), electrical engineering (1), mechanical engineering (1), geological engineering (1), pharmacy (1), physics (1), and economics (1). Three students had obtained the Ph.D. degree (biology, physiology, and chemical engineering) prior to admission, and three more are candidates. Nine students have the M.S. degree (biology (2), zoology, physiology, history, political science, economics, chemical engineering, and hospital administration.) Five students were admitted after three years of undergraduate preparation without a degree.

Fifty-five of the 66 students are Illinois residents, reflecting the policy of admission priority for residents of this state. The class includes 11 women and 8 members of disadvantaged minority groups. Eighteen members of the entering class were married at the time of matriculation.

Undergraduate Colleges Attended

Alabama
Tuskeegee Institute

California
College of the Pacific
Pomona College
Stanford University

Illinois
University of Illinois—Chicago Circle
University of Illinois—Urbana
Loyola University
North Park College
Northeastern Illinois State College
Northwestern University
Quincy College
Wheaton College
Wilson Junior College

Indiana
Indiana University
University of Notre Dame

Iowa
Augustana College
Drake University
Iowa State University
University of Iowa

Maryland
The Johns Hopkins University
University of Maryland

Massachusetts
Amherst College
Harvard University
Simmons College

Michigan
Hope College
University of Michigan

Minnesota
Gustavus Adolphus College
University of Minnesota
St. Mary's College

Mississippi
Mississippi Valley State College

Missouri
University of Missouri

New York
Cornell University
University of Rochester
Syracuse University
Vassar College

Oregon
Reed College

Pennsylvania
University of Pennsylvania

Rhode Island
Brown University

Virginia
Hampton Institute

Washington, D. C.
Howard University

Wisconsin
University of Wisconsin

Canada
McGill University

Students, 1972

The 66 students in the 1972 entering class matriculated from 38 Colleges and Universities in 15 states. Undergraduate majors included biology (27), chemistry (12), pre-professional (5), psychology (5), English (4), history (3), economics (2), social sciences (2), theatre (1), anthropology (1), philosophy (1), language (1), accounting (1), and physics (1).

Two students held the Ph.D. degree, and three the M.S. Nine students entered without the baccalaureate degree. Twelve of these 66 students are women, and 10 students are from minority groups under-represented in medicine. At the time of matriculation, 10 students were married. Sixty are residents of Illinois.

Undergraduate Colleges Attended

California
Occidental College

Illinois
Eastern Illinois University
Illinois Institute of Technology
Knox College
North Central College
Northeastern Illinois University
Northwestern University
St. Mary's
Southern Illinois University
Roosevelt University
University of Chicago
University of Illinois—Chicago
University of Illinois—Urbana

Indiana
De Pauw University
Indiana University
Notre Dame University

Iowa
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Capps, Richard B. B.A., M.D.	Internal Med.	Professor	Sr. Attending PSLH
Carson, Paul E. M.D.	Internal Med.	Professor	Sr. Attending PSLH
Carton, Robert W. B.A., M.D.	Internal Med.	Professor	Sr. Attending PSLH
Clark, James G. B.S., M.D.	Internal Med.	Asst. Professor	Assoc. Attending PSLH
Colandrea, Michael A. M.D.	Internal Med.	Asst. Professor	Asst. Attending PSLH
Cole, Edmund R. B.S., M.S., Ph.D.	Biochemistry Internal Med.	Asst. Professor	Asst. Scientist PSLH
Coogan, Thomas J., Jr. B.S., M.D.	Internal Med.	Asst. Professor	Assoc. Attending PSLH
Coogan, Thomas J., Sr. M.D.	Internal Med.	Emeritus Prof.	Consulting PSLH
Cotts, G. William B.S., M.D.	Internal Med.	Assoc. Professor	CMH
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DeYoung, Henry D. B.S., M.D.	Internal Med.	Assoc. Professor	Sr. Attending PSLH
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Eybel, Carl E. B.S., M.D.	Internal Med.	Instructor	Hs. Adj. Attending PSLH
Farago, Peter J. M.D.	Internal Med.	Asst. Professor	Sr. Attending PSLH
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Flanagan, George C. M.D.	Internal Med.	Assoc. Professor	Sr. Attending PSLH
Franklin, James L. B.S., M.D.	Internal Med.	Asst. Professor	Asst. Attending PSLH
Fried, Walter M.D.	Internal Med.	Visit Assoc. Prof.	Consulting PSLH
Frischer, Henri M.D., Ph.D.	Internal Med.	Assoc. Professor	Assoc. Attending PSLH
Galt, Raymond M. A.B., M.D.	Internal Med.	Asst. Professor	Assoc. Attending PSLH
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Morris, Arthur J. B.A., M.D.	Internal Med.	Instructor	Adj. Attending PSLH
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Muenster, Joseph J. M.D.	Internal Med. Pediatrics	Assoc. Professor	Sr. Attending PSLH
Nelson, Bertram B.S., M.D.	Internal Med.	Professor	Sr. Attending PSLH
Noble, Barbara W. B.S., M.D.	Prevent Med. Internal Med.	Asst. Professor	Asst. Attending PSLH
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O'Brien, Donald E. A.B., M.D.	Internal Med.	Associate	Assoc. Attending PSLH
Oyama, Joseph H. B.S., M.D.	Internal Med.	Asst. Professor	Asst. Attending PSLH
Parsons, Robert	Internal Med.	Visit. Asst. Prof.	Adj. Attending PSLH
Passovoy, Mitchell B.A., M.A.	Biomed. Eng. Internal Med.	Asst. Professor	Sr. Scientist PSLH
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Perlia, Charles P. M.D.	Internal Med.	Assoc. Professor	Sr. Attending PSLH
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Piel, Ira S. M.D.	Internal Med.	Instructor	House Staff PSLH
Pomerantz, Rhoda S. A.B., M.D.	Internal Med. Prevent. Med.	Asst. Professor	Assoc. Attending PSLH
Popper, Michael S. B.S., M.D.	Internal Med.	Assistant	House Staff PSLH
Post, John M.D.	Prevent. Med. Internal Med.	Visit. Asst. Prof.	Consulting PSLH
Powers, Richard J. B.S., M.D.	Internal Med.	Asst. Professor	Assoc. Attending PSLH
Proske, Anthony B.S., M.D.	Internal Med.	Assistant	House Staff PSLH
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Ramsey, Anthony B.A., M.D.	Internal Med.	Assistant	House$Staff PSLH
Ramsey, Michael M. M.D.	Internal Med.	Instructor	Adj. Attending PSLH
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Rennie, I. Drummond M.R.C.P.	Internal Med.	Asst. Professor	Assoc. Attending PSLH
Rieckmann, Karl H. W. M.D., D.P.H.	Internal Med.	Assoc. Professor	Assoc. Attending PSLH
Riff, Donald M.D.	Internal Med.	Asst. Professor	Asst. Attending PSLH
Rinder, Carl O. M.D.	Internal Med.	Emeritus Prof.	Emeritus PSLH
Roberg, Norman B. M.D.	Internal Med.	Emeritus Prof.	Emeritus PSLH

Root, Thomas E. B.S., M.D.	Internal Med.	Instructor	H.S. Adj. Attending PSLH
Rosenberg, Marvin S. B.S., M.D.	Internal Med.	Assoc. Professor	Sr. Attending PSLH
Rosenblate, Howard B.A., M.D.	Internal Med.	Asst. Professor	Asst. Attending PSLH
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Santucci, Barbara B.A., M.D.	Pediatrics Internal Med.	Asst. Professor	Asst. Attending PSLH
Sass, Louis A. B.S., M.D.	Internal Med.	Asst. Professor	CHCH
Sassetti, Richard J. M.D.	Internal Med. Immunology	Asst. Professor	Assoc. Attending PSLH
Scheiner, David L. B.A., M.D.	Prevent Med. Internal Med.	Asst. Professor	Asst. Attending PSLH
Shick, Armin F. M.D.	Internal Med.	Visit. Asst. Prof.	Consulting PSLH
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Schuessler, Roger G. M.D.	Internal Med.	Asst. Professor	Assoc. Attending PSLH
Schwartz, Richard P. B.A., M.D.	Internal Med.	Assistant	House Staff PSLH
Schwartz, Gabriel, M.D.	Internal Med.	Asst. Professor	
Schwartz, Theodore B. B.S., M.D.	Internal Med.	Professor and Chairman	Sr. Attending PSLH
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Skulason, G. Jon M.D.	Internal Med.	Instructor	House Staff PSLH
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Snapp, Marshall B.A., M.D.	Internal Med.	Associate	Asst. Attending PSLH
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Stavinga, Ronald F. B.A., M.D.	Internal Med.	Assistant	House Staff PSLH
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Straus, Elizabeth K.	Internal Med.	Emer. Instructor	Consulting PSLH
Stuppy, George W. M.D.	Internal Med.	Emeritus Prof.	Consulting PSLH
Suhs, Richard H. M.D.	Internal Med.	Asst. Professor	Asst. Attending PSLH
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Tarun, Donald W. B.A., M.D.	Internal Med.	Assoc. Professor	Sr. Attending PSLH
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Isenberg, Paul D. B.A., M.D.	Pediatrics	Instructor	Adj. Attending PSLH
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Johnson, Frank R. S.B., M.D.	General Surg. Pediatrics	Assoc. Professor	Sr. Attending PSLH
Jones, Clay H. Jr. B.A., M.D.	Pediatrics Prevent. Med.	Assoc. Professor	Sr. Attending PSLH
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Kallick, Charles B.S., M.D.	Pediatrics Prevent. Med.	Assoc. Professor	Assoc. Attending PSLH
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Lukens, Abbie R. B.S., M.S., M.D.	Pediatrics	Asst. Professor	CMH
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Miller, Howard R. B.A., M.D.	Pediatrics	Asst. Professor	Consulting PSLH
Miller, Robert A. M.D.	Pediatrics	Visit. Professor	Consulting
Misenhimer, H. Robert M.D.	Obstet. & Gynec. Pediatrics	Assoc. Professor	Sr. Attending PSLH
Morales, Silvo D. M.D.	Pediatrics	Asst. Professor	Sr. Attending PSLH
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Puc, Frank C. B.S., M.D.	Pediatrics	Asst. Professor	Assoc. Attending PSLH
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Spaeth, Ralph M.D.	Pediatrics	Professor	CHCH
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Swarts, Charles L. M.D.	Pediatrics	Assoc. Professor	Assoc. Attending PSLH
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Williams, Richard F. M.D.	Pediatrics	Asst. Professor	CMH
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Schoenberger, James A. B.S., M.D.	Prevent. Med. Internal Med.	Professor and Acting Chairman	Sr. Attending PSLH
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Psychiatry

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Halper, Ira S. B.A., M.D.	Psychiatry	Asst. Professor	Assoc. Attending PSLH
Hanni, John W. A.B., M.D.	Psychiatry	Professor	Sr. Attending PSLH
Hovde, Christian A. Ph.D.	Psychiatry	Visit. Asst. Prof.	Consulting PSLH
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Kempton, Leo V. B.S., M.D.	Psychiatry	Asst. Professor	Assoc. Attending PSLH
Koenig, Richard C. M.D.	Psychiatry	Asst. Professor	Assoc. Attending PSLH
Kuhl, Dorothy L. A.B., M.D.	Psychiatry	Instructor	Asst. Attending PSLH
Lane, Harold J. B.S., M.D.	Psychiatry	Instructor	Asst. Attending PSLH
Langner, Herman P. B.A., M.D.	Psychiatry	Instructor	Adj. Attending PSLH
Mason, Norma A.B., M.D.	Psychiatry	Asst. Professor	Asst. Attending PSLH
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Sable, Arthur D. M.D.	Psychiatry	Asst. Professor	Assoc. Attending PSLH
Sabshin, Melvin M.D.	Psychiatry	Visit. Professor	Consulting PSLH
Scharf, James F. B.S., M.D.	Psychiatry	Instructor	Asst. Attending PSLH
Schwarz, Marvin M.D.	Psychiatry	Asst. Professor	Assoc. Attending PSLH
Smith, Garth D. B.A., M.D.	Psychiatry	Asst. Professor	Assoc. Attending PSLH
Solomon, Alfred P. B.A., M.D.	Psychiatry	Professor	Sr. Attending PSLH
Steed, David W. B.A., M.D.	Psychiatry	Assoc. Professor	Sr. Attending PSLH
Turk, Charles E. A.B., M.D.	Psychiatry	Asst. Professor	Asst. Attending PSLH
Urse, Vladimar G. B.S., M.D.	Psychiatry	Professor	Sr. Attending PSLH
Weinberg, Jack B.S., M.D.	Psychiatry	Visit. Professor	Sr. Attending
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McDonald, Gerald M.D.	General Surg.	Visit. Asst. Prof.	Asst. Attending PSLH
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Nasralla, Nahim M.D.	General Surg.	Asst. Professor	CHCH

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Paulissian, Edward M.D.	General Surg.	Asst. Professor	SCH
Pepper, Martin M.D.	General Surg.	Asst. Professor	CMH
Petty, David T. B.S., M.S., M.D.	General Surg.	Member	SCH
Poeppel, Roger B. B.E., Ph.D.	General Surg.	Instructor	
Pomerantz, Marc A. B.A., M.D.	General Surg.	Asst. Professor	Asst. Attending PSLH
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Rasmussen, Alfred M.D.	General Surg.	Emeritus Prof.	Emeritus PSLH
Raymond, Sidney W. B.S., M.D., L.L.B.	General Surg.	Member	WSH
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